



# Application for Employment

Date of Application: \_\_\_\_/\_\_\_\_/20\_\_\_\_

Referral Source:  Advertisement  Friend  Relative  Employment  Agency  Walk-In  Other: \_\_\_\_\_

Name: \_\_\_\_\_ SSN: \_\_\_\_\_  
Last First Middle Initial

Address: \_\_\_\_\_  
Street City State Zip

Telephone: ( \_\_\_\_\_ ) \_\_\_\_\_ - \_\_\_\_\_ Cellular: ( \_\_\_\_\_ ) \_\_\_\_\_ - \_\_\_\_\_

<b>If employed and you are under 18, can you furnish a work permit?</b>	<input type="checkbox"/> N/A	<input type="checkbox"/> Yes	<input type="checkbox"/> No
<b>Have you filed an application here before?</b> <i>If yes, give date: _____</i>		<input type="checkbox"/> Yes	<input type="checkbox"/> No
<b>Have you ever been employed here before?</b> <i>If yes, give date: _____</i>		<input type="checkbox"/> Yes	<input type="checkbox"/> No
<b>Are you employed now?</b> <i>If yes, may we contact your present employer?</i>	<input type="checkbox"/> N/A	<input type="checkbox"/> Yes <input type="checkbox"/> Yes	<input type="checkbox"/> No <input type="checkbox"/> No
<b>Are you a U.S. citizen or can you establish that you are an authorized worker?</b>		<input type="checkbox"/> Yes	<input type="checkbox"/> No
<b>On what date would you be available for work?</b>			
<b>Are you available to work:</b>	<input type="checkbox"/> Full-Time	<input type="checkbox"/> Part-Time	<input type="checkbox"/> Special Assignment
<b>Are you on layoff and subject to recall?</b>		<input type="checkbox"/> Yes	<input type="checkbox"/> No
<b>Have you been convicted of a felony within the last seven (7) years?</b> <i>If yes, please explain:</i>		<input type="checkbox"/> Yes	<input type="checkbox"/> No
<b>Approximate rate of pay expected:</b> <i>(Please specify measurement, such as per hour or per year)</i>			
<b>Do you have the physical ability to perform all essential duties of the job(s) for which you are applying?</b> <i>If no, please explain:</i>		<input type="checkbox"/> Yes	<input type="checkbox"/> No
<b>Are there workplace accommodations which would assure better job placement and/or enable you to perform your job to your maximum capability?</b> <i>If yes, please indicate:</i>		<input type="checkbox"/> Yes	<input type="checkbox"/> No

List professional, trade, business or civic activities and offices held. (Exclude those which indicate race, color, religion, sex or national origin) \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Give name, address and telephone number of three references who are not related to you and are not previous employers:

Name

Street Address, City, State, Zip

Phone

_____	_____	_____
_____	_____	_____
_____	_____	_____

### EDUCATION

	Elementary	High	College or University	Graduate or Professional
School Name				
Years Completed <i>(Circle)</i>	4 5 6 7 8	9 10 11 12	1 2 3 4	1 2 3 4
Diploma/Degree				
Describe Course of Study				
Describe Specialized Training, Apprenticeship, Skills and Extra-Curricular Activities				
Honors Received				

### SPECIAL SKILLS AND QUALIFICATIONS

Summarize special skills and qualifications acquired from employment or other experience: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

State any additional information you feel may be helpful to us in considering your employment: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

## EMPLOYMENT EXPERIENCE

Employer	Dates Employed		Work Performed
Address	<i>From</i>	<i>To</i>	
Phone	<b>Hourly Rate / Salary</b>		
Job Title	<i>Starting</i>	<i>Final</i>	
Supervisor			
Reason for Leaving			

Employer	Dates Employed		Work Performed
Address	<i>From</i>	<i>To</i>	
Phone	<b>Hourly Rate / Salary</b>		
Job Title	<i>Starting</i>	<i>Final</i>	
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Job Title	<i>Starting</i>	<i>Final</i>	
Supervisor			
Reason for Leaving			

*If you need additional space, please continue on a separate sheet of paper.*

# STATEMENT

Applicants are considered for all positions without regard to race, color, religion, sex, national origin, age, marital or veteran status, or the presence of a disability or handicap.

I certify that the facts contained in this application are true and complete to the best of my knowledge and understand that, if employed, falsified statements on this application or any other pre-employment documents shall result in termination when discovered. I authorize the Marion County Health Department (Department) to obtain an investigative consumer report and/or a report from any law enforcement agency which may include both general and personal information about me. I authorize investigation of all statements contained herein and authorize the references listed above to give you any and all information concerning my previous employment and any pertinent information they may have, personal or otherwise, and release all parties from all liability for any damage that may result from furnishing same to you.

I understand and agree that, if hired, my employment is for no definite period and can be terminated at any time with or without notice, with or without cause by either party. In the event that I am employed, I understand that regardless of the job that I am first assigned, I may be required to accept a change of job depending on my demonstrated skills after employment and the needs of the Department. I understand that I must meet the health requirements established by the Department as a condition of initial and continued employment, which may be determined by a physical examination. I understand, also, that I am required to abide by all rules and regulations of the Department.

\_\_\_\_\_  
*Applicant's Printed Name*

\_\_\_\_\_  
*Applicant's Signature*

\_\_\_\_\_  
*Date*

## FOR OFFICE USE ONLY

Position Considered: \_\_\_\_\_

Interviewed By: \_\_\_\_\_ Date: \_\_\_\_\_

Accepted for employment?  Yes  No

Comments: \_\_\_\_\_

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